

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>5/13/03</u>		2 Serial/Patent # <u>091988017</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
	Filing		6 AMOUNT \$							
	Amendment		\$							
	Extension of Time		\$							
	Notice of Appeal/Appeal		\$							
<input checked="" type="checkbox"/>	Petition	7	2/19/02 \$ 130							
	Issue		\$							
	Cert of Correction/Terminal Disc.		\$							
	Maintenance		\$							
	Assignment		\$							
	Other		\$							
		7 TOTAL AMOUNT OF REFUND \$ 130								
		8 TO BE REFUNDED BY:								
		Treasury Check								
		Credit Deposit A/C #:								
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>4</td><td>1</td><td>7</td></tr></table>		5	0	--	0	4	1	7
5	0	--	0	4	1	7				
10 REASON:										
	Overpayment									
	Duplicate Payment									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
PTO Error										
11 REFUND REQUESTED BY: >										
TYPED/PRINTED NAME: <u>ABrown</u>		TITLE: <u>Att</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305 0310</u>								
OFFICE: <u>OP</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>5/23/03</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**